

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

ADDRESS (number and street)

103 POWELL COURT SUITE 200

☐Check if different  
than previously  
reported. (ACC)

BRENTWOOD

TN

37027

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00347955

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

03

01

2007

through

03

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Penny Brake

Signature of Treasurer

Electronically Filed by Penny Brake

Date

04

17

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		8122.84
(b) Cash on Hand at Beginning of Reporting Period .....	15891.28	
(c) Total Receipts (from Line 19) .....	17585.00	30585.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	33476.28	38707.84
7. Total Disbursements (from Line 31) .....	11010.31	16241.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	22465.97	22465.97
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	16635.00	29635.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	950.00	950.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	17585.00	30585.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	17585.00	30585.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	17585.00	30585.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17585.00	30585.00

**DETAILED SUMMARY PAGE**

of Disbursements

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II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		10.31	31.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		10.31	31.87
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		10000.00	14000.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees .....		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		1000.00	2210.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		11010.31	16241.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		11010.31	16241.87

**DETAILED SUMMARY PAGE**

of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	17585.00	30585.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17585.00	30585.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10.31	31.87
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10.31	31.87

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Penny Brake Mailing Address 103 Powell Court Suite 200 City Nashville State TN Zip Code 37027 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LifePoint Hospitals, Inc. Occupation Director of Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt MM / DD / YYYY 03 / 20 / 2007 <b>Transaction ID:</b> SA11A1.6146 Amount of Each Receipt this Period 550.00
<b>B.</b> Full Name (Last, First, Middle Initial) John Bumpus Mailing Address 6118 Paddock Place City Brentwood State TN Zip Code 37027 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LifePoint Hospitals, Inc. Occupation SVP Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4000.00		Date of Receipt MM / DD / YYYY 03 / 20 / 2007 <b>Transaction ID:</b> SA11A1.6144 Amount of Each Receipt this Period 3000.00
<b>C.</b> Full Name (Last, First, Middle Initial) Thomas H. Butler Mailing Address 4717 Potomac Lane City Brentwood State TN Zip Code 37027 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LifePoint Hospitals, Inc. Occupation Healthcare Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		Date of Receipt MM / DD / YYYY 03 / 20 / 2007 <b>Transaction ID:</b> SA11A1.6141 Amount of Each Receipt this Period 1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

5050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Callahan Mailing Address 107 Banyan Tree Court City State Zip Code Andalusia AL 36421 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Andalusia Regional CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.6135 Amount of Each Receipt this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Eric Deaton Mailing Address 193 Rose Hill Way City State Zip Code Bluffton SC 29910 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Coastal Carolina Medical Centre CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.6134 Amount of Each Receipt this Period 1000.00
<b>C.</b> Full Name (Last, First, Middle Initial) Kathleen Ferriell Mailing Address 125 Maywood Ave. City State Zip Code Bardstown KY 40004 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Springview CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.6154 Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) .....

**2300.00**

**TOTAL** This Period (last page this line number only) .....

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Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Si Hutt		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address 3165 West 400 South		<b>Transaction ID:</b> SA11A1.6127
City State Zip Code Vernal UT 84078	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Ashley Valley Medical Center	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Joseph Koch		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address 531 Woodlawn Avenue		<b>Transaction ID:</b> SA11A1.6137
City State Zip Code Beckley WV 25801	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Raleigh General Hospital	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Katherine S. Love		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address PO Box 873		<b>Transaction ID:</b> SA11A1.6142
City State Zip Code Versailles KY 40383	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Bluegrass Community Hosp.	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

<b>A.</b> Full Name (Last, First, Middle Initial) David Loving Mailing Address 989 Medical Park Drive City Maysville State KY Zip Code 41056 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Meadowview Regional Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.6149 Amount of Each Receipt this Period 400.00
<b>B.</b> Full Name (Last, First, Middle Initial) Ruth McDaniel Mailing Address 1305 Autumn Springs Lane City Old Hickory State TN Zip Code 37087 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LifePoint Hospitals, Inc. Occupation CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.6128 Amount of Each Receipt this Period 1000.00
<b>C.</b> Full Name (Last, First, Middle Initial) Sherry McDonald Mailing Address 220 Bursby Branch Road City Gallatin State TN Zip Code 37066 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LifePoint Hospitals, Inc. Occupation VP Clinical Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 935.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.6133 Amount of Each Receipt this Period 935.00

**SUBTOTAL** of Receipts This Page (optional) .....

**2335.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

<b>A.</b> Full Name (Last, First, Middle Initial) David Morgan Mailing Address 8201 Spring Ridge Drive City State Zip Code Nashville TN 37221 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LifePoint Hospitals Occupation Director Internal Audit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.6145 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Barry Papania Mailing Address 523 Indian Creek City State Zip Code Lebanon KY 40033 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Spring View Hospital Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.6152 Amount of Each Receipt this Period 750.00
<b>C.</b> Full Name (Last, First, Middle Initial) Sandra Podley Mailing Address 8903 Fresno Way NE City State Zip Code Albuquerque NM 87122 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Los Alamos Medical Ctr Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.6130 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Sherrod Mailing Address 185 Hospital Road City Winchester State TN Zip Code 37398 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Southern Tennessee Medical Center Occupation Assistant Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.6136 Amount of Each Receipt this Period 400.00
<b>B.</b> Full Name (Last, First, Middle Initial) James Smolik Mailing Address 4242 Valley Green Circle City Riverton State WY Zip Code 82501 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Riverton Memorial Hospital Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.6117 Amount of Each Receipt this Period 1000.00
<b>C.</b> Full Name (Last, First, Middle Initial) Daniel Sykes Mailing Address 716 Huffine Manor Circle City Franklin State TN Zip Code 37067 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LifePoint Hospitals, Inc. Occupation Director Physician Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.6132 Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

**A.**

Full Name (Last, First, Middle Initial)

John Workman

Mailing Address 3025 Hawthorne

City

Athens

State

TN

Zip Code

37303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Athens Regional Medical  
Center

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.6125

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

16635.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

**A. FEDPAC**

Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245

City  
WASHINGTON

State  
DC

Zip Code  
20004

Purpose of Disbursement  
fundraiser

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.6113

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. RANGEL FOR CONGRESS**

Mailing Address PO Box 5577  
 MANHATTANVILLE STA

City  
New York

State  
NY

Zip Code  
10027

Purpose of Disbursement

Candidate Name  
RANGEL FOR CONGRESS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 15

Transaction ID: SB23.6114

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

10000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

**A.** Armstrong for House

Mailing Address PO Box 1431

City  
Martinsville

State  
VA

Zip Code  
24114

Purpose of Disbursement  
fundraiser

Candidate Name  
Armstrong for House

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: VA

District:

Transaction ID: SB29.6115

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

1000.00